



Skin lesion excision – Sebaceous cysts

Informed consent: patient information

1. What is a sebaceous cyst?

A sebaceous (epidermoid) cyst is a benign cyst derived from the upper portion of the hair follicle, encapsulated in a thin layer of epidermis-like epithelium. They are typically filled with keratin and lipid-rich debris. Sebaceous cysts are mostly found on your face, neck, or torso. They grow slowly and generally asymptomatic.

Rupture of the cyst contents into the dermis results in swelling, redness, and tenderness. This can be due to trauma or bacterial infection. The ruptured cyst can form an abscess or a pocket of semifluid.

Most small, uncomplicated epidermoid cysts will not require treatment.

The most effective treatment for an epidermoid cyst is complete surgical excision with an intact cyst capsule. Removal of the entire cyst lining decreases rates of recurrence. This can be difficult to achieve following cyst rupture.

In case of infection, initial antibiotics, incision, and drainage may be indicated.

2. Initial consultation

An initial consultation is an opportunity to discuss surgical options in detail with Dr Woo who is going to be carrying out your procedure. The consultation will also allow him to establish that the lesion is indeed a sebaceous cyst, and that the cyst is intact or ruptured. Other types of skin lesion can mimic a sebaceous cyst including lipoma, lymph node and skin tumour. The local procedure sometimes can be arranged on the same day.

3. How do I prepare for the procedure?

Avoid taking Aspirin or anti-inflammatory tablets for seven days before the procedure.

If you choose to undergo general anaesthesia, you must not eat anything for 6 hours prior to your procedure (Please follow further instructions from the Hospital). You need to arrange for someone to drive you home from surgery.

4. What will happen during the excision surgery?

You will be given local anaesthesia to numb the surgery area. With local anaesthesia, you may still feel pressure or pushing, but you should not feel any pain.

After cleaning the area with antiseptics, Dr Woo will make an elliptical (oval) incision on the skin over the lump and cut out the cyst. The removed cyst is usually sent for histopathology test. The skin wound will likely be closed using a dissolvable stitch and covered with steri-strips and a waterproof dressing.

The procedure will take about 20-30 minutes.



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5. What are the risks of having a sebaceous cyst excision?

Pain, bleeding, surgical site infection, unsightly scarring, wound breakdown, recurrence

6. What is the aftercare and recovery following a sebaceous cyst excision?

You will be able to go home a short while after your surgery and return to work the next day unless your work will place a strain on the wound. You may have pain, swelling, or bruising where the cyst was removed. These symptoms should get better in a few days. You can take simple analgesia such as Paracetamol or Ibuprofen and apply ice pack.

You will keep the waterproof dressing intact for one week unless it is heavily stained or wet. You can dry the wound and put on new clean dressings as directed.

Try to limit the amount of movement of the affected area until the wound heals completely.

You will need to make an appointment to see your GP in 7-10 days to review the wound and the histopathology report.

7. Contact your doctors if you notice:

- blood soaks through your dressing.
- the wound is red, swollen, or draining pus.